

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re Lehman Brothers Holdings Inc. *et al.*, Debtors.

Case No. 08-13555 (JMP)

**TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Turnpike Limited  
Name of Transferee

Deutsche Bank AG, London Branch  
Name of Transferor

Name and Address where notices to transferee  
should be sent:

Court Claim #: See Schedule  
Total Allowed Amount  
to be Transferred: See Schedule

Turnpike Limited  
c/o Alden Global Capital, LLC  
885 Third Avenue, 34th Floor  
New York, NY 10022  
Attention: Ithran Olivacce  
E-mail: iolivacce@aldenglobal.com

Phone: 212-888-7214

Wire instructions:

Name of Bank: Wells Fargo N.A.  
ABA: 121 000 248  
SWIFT: WFBIUS6S  
Account #: 4000103507  
Account Name: Turnpike Limited

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

Turnpike Limited  
By: Alden Global Capital, LLC, Its Sole Member

By: Jason Pecora  
Transferee's Agent  
Managing Director - Operations  
Alden Global Capital

Date: February 18, 2015

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 & 3571.

AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM  
LEHMAN PROGRAM SECURITY

TO: THE DEBTOR AND THE BANKRUPTCY COURT

1. For value received, the adequacy and sufficiency of which are hereby acknowledged, **DEUTSCHE BANK AG, LONDON BRANCH** ("**Seller**") hereby unconditionally and irrevocably sells, transfers and assigns to **TURNPIKE LIMITED** (the "**Purchaser**"), and Purchaser hereby agrees to purchase, as of the date hereof, (a) an undivided interest, to the extent of the applicable percentage specified in Schedule 1 hereto, in Seller's right, title and interest in and to the Proofs of Claim 51129, 48235, 5005, 47602, 49731, 45281, 50046, 47698, 49571, 56184, 55242, 47727, 49625 and 45117 filed by or on behalf of any of Seller's predecessors-in-title (copies of which are attached at Schedule 2 hereto) (the "**Proofs of Claim**") as is specified in Schedule 1 hereto (the "**Purchased Portion**") against Lehman Brothers Holdings, Inc., as guarantor of the Purchased Security (as defined below) and debtor in proceedings for reorganization (the "**Proceedings**") in the United States Bankruptcy Court for the Southern District of New York (the "**Court**"), administered under Case No. 08-13555 (JMP) (the "**Debtor**"), (b) all rights and benefits of Seller relating to the Purchased Portion, including without limitation (i) any right to receive cash, securities, instruments, interest, damages, penalties, fees or other property, which may be paid or distributed with respect to the Purchased Portion or with respect to any of the documents, agreements, bills and/or other documents (whether now existing or hereafter arising) which evidence, create and/or give rise to or affect in any material way the Purchased Portion, whether under a plan or reorganization or liquidation, pursuant to a liquidation, or otherwise, (ii) any actions, claims (including, without limitation, "claims" as defined in Section 101(5) of Title 11 of the United States Code (the "**Bankruptcy Code**")), rights or lawsuits of any nature whatsoever, whether against the Debtor or any other party, arising out of or in connection with the Purchased Portion, (iii) any rights and benefits arising out of or in connection with any exhibit, attachment and/or supporting documentation relating to the Purchased Portion, and (iv) any and all of Seller's right, title and interest in, to and under the transfer agreements, if any, under which Seller or any prior seller acquired the rights and obligations underlying or constituting a part of the Purchased Portion, but only to the extent related to the Purchased Portion, (c) any and all proceeds of any of the foregoing (collectively, as described in clauses (a), (b), and (c), the "**Transferred Claims**"), and (d) the security or securities (any such security, a "**Purchased Security**") relating to the Purchased Portion and specified in Schedule 1 attached hereto.

2. Seller hereby represents and warrants to Purchaser that: (a) the Proofs of Claim were duly and timely filed on or before 5:00 p.m. (prevailing Eastern Time) on November 2, 2009 in accordance with the Court's order setting the deadline for filing proofs of claim in respect of "Lehman Program Securities"; (b) the Proofs of Claim relate to one or more securities expressly identified on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009; (c) Seller owns and has good and marketable title to the Transferred Claims, free and clear of any and all liens, claims, set-off rights, security interests, participations, or encumbrances created or incurred by Seller or against Seller; (d) Seller is duly authorized and empowered to execute and perform its obligations under this Agreement and Evidence of Transfer; (e) the Proofs of Claim include the Purchased Portion specified in Schedule 1 attached hereto; (f) Seller has not engaged in any acts, conduct or omissions, or had any relationship with the Debtor or its affiliates, that will result in Purchaser receiving in respect of the Transferred Claims proportionately less payments or distributions or less favorable treatment than other general unsecured creditors holding claims of the same class and type as the Purchased Portion; (g) the Transferred Claims are Class 5 claims; and (h) Seller's respective predecessor-in-title received in respect of the Transferred Claims and/or the Purchased Security distributions as set out in Schedule 1.

3. Seller hereby waives any objection to the transfer of the Transferred Claims to Purchaser on the books and records of the Debtor and the Court, and hereby waives to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Seller by Purchaser for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claims. Purchaser agrees to file a notice of transfer with the Court pursuant to Federal Rule of Bankruptcy Procedure 3001(e) including this Agreement and Evidence of Transfer of Claim. Seller acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Seller transferring to Purchaser the Transferred Claims, recognizing Purchaser as the sole owner and holder of the

Transferred Claims, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Purchaser.

4. All representations, warranties, covenants and indemnities shall survive the execution, delivery and performance of this Agreement and Evidence of Transfer of Claim and the transactions described herein. Purchaser shall be entitled to transfer its rights hereunder without any notice to or the consent of Seller. Seller hereby agrees to indemnify, defend and hold Purchaser, its successors and assigns and its officers, directors, employees, agents and controlling persons harmless from and against any and all losses, claims, damages, costs, expenses and liabilities, including, without limitation, reasonable attorneys' fees and expenses, which result from Seller's breach of its representations and warranties made herein.

5. Seller shall promptly (but in any event no later than three (3) business days) remit any payments, distributions or proceeds received by Seller from 1 October 2013 onwards in respect of the Transferred Claims to Purchaser. Seller has transferred, or shall transfer as soon as practicable after the date hereof, to Purchaser each Purchased Security to such account, via Euroclear or Clearstream (or similar transfer method), as Purchaser may designate in writing to Seller. This Agreement and Evidence of Transfer supplements and does not supersede any confirmation, any other automatically generated documentation or any applicable rules of Euroclear or Clearstream (or similar transfer method) with respect to the purchase and sale of the Purchased Security.

6. Each of Seller and Purchaser agrees to (a) execute and deliver, or cause to be executed and delivered, all such other and further agreements, documents and instruments and (b) take or cause to be taken all such other and further actions as the other party may reasonably request to effectuate the intent and purposes, and carry out the terms, of this Agreement and Evidence of Transfer, including, without limitation, cooperating to ensure the timely and accurate filing of any amendment to the Proofs of Claim.

7. Seller's and Purchaser's rights and obligations hereunder shall be governed by and interpreted and determined in accordance with the laws of the State of New York (without regard to any conflicts of law provision that would require the application of the law of any other jurisdiction). Seller and Purchaser each submit to the jurisdiction of the courts located in the County of New York in the State of New York. Each party hereto consents to service of process by certified mail at its address listed on the signature page below.

IN WITNESS WHEREOF, this AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM is executed this 12<sup>th</sup> day of DECEMBER 2014.

**DEUTSCHE BANK AG, LONDON BRANCH**

By:   
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Jamie Foote**  
Vice President

By:   
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

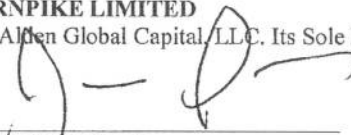
**Simon Glennie**  
Vice President

Winchester House  
1, Great Winchester Street  
London EC2N 2DB  
ENGLAND  
Attn: Michael Sutton

DB Ref: 13626

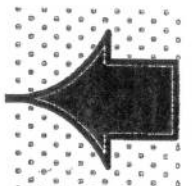
**TURNPIKE LIMITED**

By: Alden Global Capital, LLC, Its Sole Member

By:   
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Jason Pecora**  
Managing Director

Alden Global Capital  
885 Third Avenue  
34<sup>th</sup> Floor New York  
New York 10022  
Attn: Ithran Olivacce



Confidential

Schedule 1

Transferred Claims

Purchased Portion

- 100.00 % of the claim that is referenced in Proof of Claim 51129 (as highlighted in the copy attached at Schedule 2) and relating to the first Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 48235 (as highlighted in the copy attached at Schedule 2) and relating to the second Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 50005 (as highlighted in the copy attached at Schedule 2) and relating to the third Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 47602 (as highlighted in the copy attached at Schedule 2) and relating to the fourth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 49731 (as highlighted in the copy attached at Schedule 2) and relating to the fifth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 45281 (as highlighted in the copy attached at Schedule 2) and relating to the sixth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00% of the claim that is referenced in Proof of Claim 50046 (as highlighted in the copy attached at Schedule 2) and relating to the seventh Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 47698 (as highlighted in the copy attached at Schedule 2) and relating to the eighth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 49571 (as highlighted in the copy attached at Schedule 2) and relating to the ninth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00% of the claim that is referenced in Proof of Claim 56184 (as highlighted in the copy attached at Schedule 2) and relating to the tenth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 55242 (as highlighted in the copy attached at Schedule 2) and relating to the eleventh Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00% of the claim that is referenced in Proof of Claim 47727 (as highlighted in the copy attached at Schedule 2) and relating to the twelfth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00 % of the claim that is referenced in Proof of Claim 49625 (as highlighted in the copy attached at Schedule 2) and relating to the thirteenth Purchased Security described below (plus all interest, costs and fees relating to this claim).
- 100.00% of the claim that is referenced in Proof of Claim 45117 (as highlighted in the copy attached at Schedule 2) and relating to the fourteenth Purchased Security described below (plus all interest, costs and fees relating to this claim).

DB Ref: 13626

ConfidentialSchedule 1-1

Lehman Programs Securities to which Transfer Relates


Proof of Claim	Description of Security	ISIN/CUSIP	Blocking Number	Issuer	Guarantor	Principal/Notional Amount	Maturity	Allowed Claim Amount	Aggregate amount of 2 <sup>nd</sup> -6 <sup>th</sup> LBHI distributions	Aggregate LBT Distributions
51129	MTN5878	XS0282208049	CA01148	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€100,000.00	2/9/2012	\$141,910.58	\$22,839.42	€22,648.02
48235	MTN5878	XS0282208049	CA29355	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€50,000.00	2/9/2012	\$70,955.29	\$11,419.61	€11,324.01
50005	MTN5878	XS0282208049	CA01153	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
47602	MTN5878	XS0282208049	CA01139	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
49731	MTN5878	XS0282208049	CA39531	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€150,000.00	2/9/2012	\$212,865.87	\$34,259.26	€33,972.03
45281	MTN5878	XS0282208049	CA01142	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
50046	MTN5878	XS0282208049	CA29398	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
47698	MTN5878	XS0282208049	CA15434	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
49571	MTN5878	XS0282208049	CA01156	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
56184	MTN5878	XS0282208049	CA01155	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
55242	MTN5878	XS0282208049	CA01145	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
47727	MTN5878	XS0282208049	CA01141	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
49625	MTN5878	XS0282208049	CA15432	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€60,000.00	2/9/2012	\$85,146.35	\$13,703.56	€13,588.81
45117	MTN5878	XS0282208049	CA01154	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings, Inc.	€250,000.00	2/9/2012	\$354,776.44	\$57,098.90	€56,620.06

Schedule 2

Copy of Proofs of Claim 51129, 48235, 5005, 47602, 49731, 45281, 50046, 47698, 49571, 56184, 55242, 47727, 49625 and 45117

*DB Ref: 13626*

ConfidentialSchedule 1-1

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000051129	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		 THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) ALICIA GOMEZ-LECHON CUADRADO. CALLE CIRILO AMOROS, 62 PTA. 3, 46004 VALENCIA (SPAIN)		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Telephone number: _____ Email Address: _____			
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ <u>141,510.00</u> \$ _____ (Required) EURUSD X-Rate Applied: 1.4151 (09/15/08) ECB</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): <u>XS0282208049</u> (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:  <u>CA01148</u> (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <u>CLEARSTREAM 16632</u> (Required)</p>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY	
Date: 22/10/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Alicia Gomez-Lechon Cuadrado</i> Alicia Gomez-Lechon Cuadrado		<div style="border: 2px solid black; padding: 5px; text-align: center;"><b>FILED / RECEIVED</b>  OCT 28 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC</div>
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

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**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC, FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000048235



THIS SPACE

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Consuelo Sanjurjo Carro  
C/Concepción Arenal 1 Bloque 1 - 6ª  
15006 La Coruña  
Spain

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Telephone number: 881 87 97 56 Email Address:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 70.755,00

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0282208049

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

Clearstream Bank Blocking Number: CA29355

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

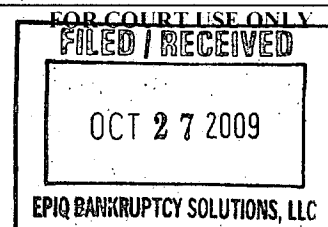
Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Clearstream Bank Account: 16632

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date: 23/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.



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NOMBRE DEL REMITENTE / SENDER CARPENTIER SANJINJO CARLOS CALLE 100 N° 100-100 LA COMUNA CARTAGENA, COLOMBIA		NOMBRE DEL DESTINATARIO / ADDRESSEE EPID BANKRUPTCY SOLUTIONS LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK USA	
NOMBRE DEL REMITENTE / SENDER CARPENTIER SANJINJO CARLOS		NOMBRE DEL DESTINATARIO / ADDRESSEE EPID BANKRUPTCY SOLUTIONS LLC	
NOMBRE DEL REMITENTE / SENDER CARPENTIER SANJINJO CARLOS		NOMBRE DEL DESTINATARIO / ADDRESSEE EPID BANKRUPTCY SOLUTIONS LLC	

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NOMBRE DEL REMITENTE / SENDER CARPENTIER SANJINJO CARLOS		NOMBRE DEL DESTINATARIO / ADDRESSEE EPID BANKRUPTCY SOLUTIONS LLC	

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(No Negociable) (Non-Negotiable)

SERVICIOS OPCIONALES / OPTIONAL SERVICES  
ENTREGA EN SABADO / SATURDAY DELIVERY

El remitente acepta las Reglas y Condiciones de UPS para el envío de documentos. El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo. El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo.

El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo. El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo.

El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo. El remitente declara que el contenido del documento es confidencial y que el envío es a cargo del remitente. El destinatario acepta recibir el documento en el plazo de tiempo establecido y lo declara como suyo.

**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000050005



FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

**Demetrio Jiménez Sánchez  
Felicísima Gutiérrez Zarzuelo  
Avda Polonia, 310 Buzón 109  
03130 Gran Alacant-Santa Pola  
Alicante Spain**

Telephone number: **966 69 96 98**

Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Name and address where payment should be sent (if different from above)

Telephone number:

Email Address:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: **\$ 84.906,00**

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): **XS0282208049**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

Clearstream Bank Blocking Number: **CA01153**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Clearstream Bank: **16632**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

**26-10-2009**

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

**FILED RECEIVED**  
OCT 27 2009

### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

### DEFINITIONS

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgement or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the creditor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150-5076**

**Lehman Programs Security**

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

### INFORMATION

**Acknowledgement of Filing a Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**Extremely Urgent**  
**Très urgent**

Pg 13 of 72

• The UPS EXPRESS ENVELOPE is to be used for document shipments only.

L'utilisation de l'UPS EXPRESS ENVELOPE est réservée à l'expédition

**Place UPS shipping document**

[illegible]

018721033 12/04 SCA United Par

**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

In Re:

Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11

Case No. 08-13555 (JMP)  
(Jointly Administered)

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000047602



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

**Francisco Rozalen Ros**  
**Cl. Convento de Santa Clara, 7 Puerta 5**  
**46002 Valencia**  
**Spain**

Check this box to indicate that this claim amends a previously filed claim.

**Court Claim Number:** \_\_\_\_\_  
(If known)

**Filed on:** \_\_\_\_\_

Telephone number: 0034 963 51 66 73 Email Address:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

**Amount of Claim: \$ 84,906.00**

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

**International Securities Identification Number (ISIN): XS0282208049**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

**Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:**

**Clearstream Bank Blocking Number: CA01139**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

**Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:**

**Clearstream Bank Account: 16632**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

**Date.**  
**October 22,**  
**2009**

**Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. **Fdo: Francisco Rozalen Ros**

**FOR COURT USE ONLY**

**FILED / RECEIVED**

**OCT 27 2009**

**EPIQ BANKRUPTCY SOLUTIONS, LLC**

[illegible]

**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP)

0000049731



**THIS SPACE IS FOR COURT USE ONLY**

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

BARCLAYS BANK, S.A.-FUNDS&SECURITIES-FOREIGN INVESTMENTS DEPT  
MATEO INURRIA, 15 1st FLOOR - 28036 MADRID (SPAIN)

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Telephone number: +34913361392

Email Address: miguelangel.martinez@barclays.es

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 212,265.00 \$ (Required) EURUSD X-Rate Applied: 1.4151 (09/15/08) ECB

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0282208049 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

CA39531

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: CLEARSTREAM 75820

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date: 23/10/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

AWIDNIO H. CASTRO JIMENEZ

**FILED / RECEIVED**

OCT 27 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC



**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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**Creditor's Name and Address:**

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**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

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**Creditor**

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**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

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c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150-5076**

**Lehman Programs Security**

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**INFORMATION**

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8V1324556

03/2008



NOTARÍA DE  
D. MIGUEL RUIZ-GALLARDÓN GARCÍA-RASILLA  
NÚÑEZ DE BALBOA, 54 1º IZDA.  
Teléf. 91 4350083 - Fax 91 5759949  
28001 MADRID

«ESCRITURA DE PODER PARA PLEITOS»

NÚMERO CUATRO MIL SEISCIENTOS DIECISIETE. ----

EN MADRID, a dieciséis de Julio de dos mil  
ocho. -----

Ante mí, MIGUEL RUIZ-GALLARDÓN GARCÍA DE LA  
RASILLA, Notario del Ilustre Colegio de esta  
Capital y con residencia en la misma. -----

===== C O M P A R E C E =====

DON CARLOS ERNESTO PEREZ BUENAVENTURA, de  
nacionalidad colombiana, residente en España, mayor  
de edad, casado, vecino de Madrid, con domicilio en  
plaza Colon, 1; con N.I.E. vigente, número:  
X9706896E. -----

===== I N T E R V I E N E =====

En nombre y representación, como consejero  
delegado de la mercantil "BARCLAYS BANK,  
S.A.", antes Banco de Valladolid, S.A. y después  
BARCLAYS BANK, SOCIEDAD ANÓNIMA ESPAÑOLA, de  
duración indefinida, domiciliada en Madrid, Plaza  
de Colón número 1, constituida mediante escritura

otorgada en esta capital, el día 6 de junio de 1946, ante el Notario Don Rodrigo Molina Pérez, con la denominación de Banca Medina, S.A., cambió su denominación por la de Banco de Valladolid, S.A. y trasladó su domicilio social a Madrid, por escritura otorgada en Valladolid el 23 de mayo de 1967, ante el Notario Don José Machado Carpenter, cambiado de nuevo su denominación en escritura otorgada ante el Notario de Madrid Don José Aristonico García Sánchez, con fecha 19 de octubre de 1982 y cambiada de nuevo su denominación por la actual y adaptados sus Estatutos a la vigente Ley de Sociedades Anónimas, en escritura otorgada ante el Notario de Madrid Don Antonio Román de la Cuesta Ureta de fecha 21 de julio de 1992, con el número 2.095 de orden de su protocolo, cuya primera copia se inscribió en el citado Registro Mercantil al Tomo 3755, folio 1, hoja número 62.564, inscripción 1.381ª. Con C.I.F. número A-47/001946. -----

Asimismo la Sociedad BARCLAYS BANK, S.A., es sucesora a título universal de la mercantil BANCO ZARAGOZANO, S.A., en virtud de fusión formalizada ante el Notario de Madrid, Don Luis Maíz Cal en fecha 23 de Diciembre de 2.003, número 4.478 de

8V1324555

03/2008



protocolo, mediante absorción de ésta por aquélla y transmisión en bloque del patrimonio de la absorbida por la absorbente, que consta inscrita en el Registro Mercantil de Madrid, en el tomo 18766, libro 0, folio 46, sección 8, hoja M-62564, inscripción 2786<sup>a</sup>. -----

Se encuentra facultado para el presente otorgamiento, en virtud de su cargo de Consejero Delegado de la Sociedad, **por plazo de tres años, delegándole todas las facultades del Consejo de Administración, excepto las indelegables por disposición de la Ley o disposición estatutaria,** cargo que me asegura ostenta en la actualidad, y para el que ha sido nombrado por acuerdo del Consejo de Administración de la Sociedad de fecha 30 de junio de 2008, elevados a público en escritura autorizada por mí, de fecha 16 de julio de 2008, con el número 4.599 de orden de mi protocolo, **pendiente de inscripción registral de lo que Yo, el Notario, advierto expresamente.** -----

Yo el Notario, he tenido a la vista copia autorizada de la mencionada escritura y lo juzgo suficiente para este otorgamiento. -----

Identifico al compareciente por su documento reseñado en la comparecencia. Tiene, a mi juicio, en el concepto en que interviene, capacidad legal para otorgar la presente ESCRITURA DE PODER PARA PLEITOS, y al efecto: -----

**===== O T O R G A =====**

Que confiere poder general para pleitos a favor del Letrado DON ANTONIO MANUEL CASTRO JIMENEZ, de nacionalidad española, residente en España, mayor de edad, casado, vecino de Madrid, con domicilio en plaza Colon, 1; provisto de Documento Nacional de Identidad y Número de Identificación Fiscal, 30.801.158-H, en la medida en que por su Estatuto Profesional fuere posible para que, en nombre y representación de la Sociedad Poderdante, con efectos para toda su organización, en cualquiera de sus servicios, oficinas o departamentos y sin límites territorial o cuantitativo alguno, pueda, ante cualquier clase de autoridades, organismos y personas físicas y jurídicas, públicas o privadas, incluso el Banco de España, pueda usar y ejercitar

8V1324554

03/2008



todas y cada una de las facultades que más adelante  
se indican. -----

A los efectos de lo dispuesto en el artículo  
296 del Código de Comercio, queda expresamente  
facultado para que pueda designar Abogados y  
Procuradores otorgándoles poderes específicos para  
pleitos. -----

===== FACULTADES =====

1. Recibir toda la correspondencia de la  
Sociedad. Recoger de aduanas, ferrocarriles,  
buques, telégrafos, agencias de transportes o  
mensajería y otros puntos, toda clase de  
mercancías, expedientes, bultos o cartas y en  
general, toda clase de objetos que se dirijan a la  
misma, incluyendo paquetes postales,  
certificaciones, certificados, giros postales y  
telegráficos, valores declarados, giros,  
telegramas, radiogramas e imponerlos en Correos,  
Telégrafos, ferrocarriles, aduanas, oficinas de  
navegación y transporte y cualesquiera otras,

haciendo toda clase de reclamaciones, rehuses y dejes en cuenta y firmando al efecto cuantos documentos sean menester. -----

2. Representar a la Sociedad y comparecer en nombre de ella ante cualesquiera órganos de la Administración del Estado, de la Administración de la Unión Europea, de las Administraciones Autonómicas, Provinciales, Locales o Municipales, y ante toda clase de Delegaciones, Instituciones, Establecimientos Públicos o Servicios Administrativos de las mismas, descentralizados o no; Organismos y Entidades Públicas dependientes de dichas Administraciones; cualesquiera otras Agencias o Entes del Sector Público Estatal, Autonómico o Local, en especial, aunque sin carácter limitativo, Agencia Estatal de la Administración Tributaria, Comisión Nacional del Mercado de Valores y Banco de España, en sus oficinas centrales o cualquiera de sus sucursales; Agencia Española de Protección de Datos, Sociedades Rectoras de cualquiera de las Bolsas de Valores, Sociedad de Gestión de los Sistemas de Registro, Compensación y Liquidación de Valores (Iberclear) y demás organismos y entidades encargadas de la

8V1324553

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compensación, liquidación y contrapartida en los mercados de valores e instrumentos financieros, organismos de control y supervisión de los mercados de valores, financieros o de seguros, Registros de la Propiedad, Mercantiles y de Bienes Muebles, de la Propiedad Intelectual, Oficina de Patentes y Marcas, Fábrica Nacional de Moneda y Timbre y prestadores de servicios de certificación, asociaciones empresariales, gremiales, sindicales o Sindicatos o cualquier otro, tanto público como privado y, en general, ante cualesquiera centros, oficinas, funcionarios o autoridades y, ante ellos, formular todo tipo de solicitudes y peticiones, solicitar registros, inscripciones o cancelaciones; iniciar o seguir expedientes o procedimientos de toda clase, presentar alegaciones, consultas, ofertas, documentos, proposición de pruebas, memorias, folletos o escritos de toda clase y ratificarse en ellos; desistir de acciones o renunciar derechos; interponer y seguir toda clase

de reclamaciones o recursos, ordinarios o extraordinarios, incluso los previstos en leyes especiales, pudiendo desistir de ellos y ratificarse en los desistimientos, interponer y seguir ante los citados órganos, organismos y entidades toda clase de peticiones, reclamaciones o recursos, ordinarios o extraordinarios, incluso los previstos en leyes especiales, pudiendo desistir de ellos y ratificarse en los desistimientos y practicar, hacer, recibir y cumplimentar requerimientos y notificaciones administrativas, judiciales, notariales o de cualquier otro órgano.

3. Representar al Poderdante ante la Administración Pública Central, Provincial, Autonómica o Municipal, en todos sus fueros y jerarquías y ante Instituciones, Establecimientos Públicos o Servicios Administrativos descentralizados o no, Inspección y Delegaciones del Ministerio de Trabajo, Tribunales de la Competencia y ante cualesquiera centros, oficinas y funcionarios, así como ante autoridades de cualquier país o territorio y comparecer ante cualesquiera Juzgados, Audiencias y Tribunales ordinarios o especiales de cualquier grado o

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jurisdicción y ante cualquier otra autoridad, Magistratura, Fiscalía, Organismos Sindicales, Delegación, Junta, Jurado, Tribunal de la Competencia o de Cuentas del Estado, centro directivo, Notaría, Registro Público, Administración de Hacienda o Agencia Tributaria, oficina o funcionario del Estado, o cualesquiera otras entidades locales, organismos autónomos y demás entes públicos, incluso internacionales, en particular de la Unión Europea, y demás Entidades creadas y por crear, en cualquiera de sus ramas, dependencias y servicios y en ellos, instar, seguir y terminar, como actor, demandado, tercero, coadyuvante, requirente, interesado no originariamente demandante o demandado o en cualquier otro concepto, toda clase de expedientes, juicios y procedimientos, civiles, criminales, administrativos, contencioso administrativos, económico administrativos, laborales, gubernativos, notariales, hipotecarios, fiscales, de jurisdicción

voluntaria y de cualquier otra clase. -----

En todos estos casos, entablar, contestar y seguir por todos sus trámites e instancias, hasta su conclusión, toda clase de acciones, demandas, denuncias, querellas, acusaciones, excepciones y defensas y ejercitar otras cualesquiera pretensiones, pedir suspensiones de juicios o procedimientos, ejercitándose en los mismos en cuantos casos fuera menester la ratificación personal; firmar y presentar escritos y asistir a toda clase de actuaciones; solicitar y recibir notificaciones, citaciones y emplazamientos; tachar testigos; suministrar y tachar pruebas, renunciar a ellas y a traslados de autos; instar autorizaciones judiciales, declaraciones de herederos, expedientes de dominio, acumulaciones, liquidaciones y tasaciones de costas; promover conflictos de jurisdicción, cuestiones de competencia, diligencias preliminares, preparatorias o previas y otras cuestiones incidentales, siguiéndolas hasta que se dicte Auto o resolución pertinente. -----

Ser parte en juicios de testamentaria o abintestato hasta su resolución, pudiendo presentar o dar conformidad a proyectos de partición;

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consentir las resoluciones favorables. -----

A todos estos efectos y ya interviniendo el Poderdante como actor, demandado, coadyuvante o mandatario por cuenta de terceros, se incluye el ejercicio de toda clase de acciones; formular y ratifica denuncias y querellas, interponer y contestar demandas, iniciar expedientes de jurisdicción voluntaria, instar o pedir actos de conciliación, presentar documentos, pruebas y escritos y ratificarse en ellos; absolver posiciones, confesar y representar al poderdante en la prueba de interrogatorio de las partes de la Sección Primera del Capítulo VI, Título I del Libro II y testifical de la Sección Séptima del Capítulo VI, Título I, Libro II con facultades expresas para emitir respuestas escritas del artículo 381 de la Ley de Enjuiciamiento Civil. -----

4. Interponer y seguir toda clase de recursos de Reposición, Revisión, Extraordinarios de cualquier tipo, Casación, Súplica, Suplicación,

Alzada y cualquier otro acto previo al proceso, incluso gubernativos y Contencioso-Administrativo y de reposición, súplica, apelación, queja, nulidad e incompetencia, interponer y seguir recurso de amparo ante el Tribunal Constitucional, así como aquellos extraordinarios de casación o interés casacional y los extraordinarios por infracción procesal, y cualesquiera otros previstos incluso por leyes especiales, pudiendo desistir de ellos y ratificarse en los desistimientos; dirigir, contestar, recibir y cumplimentar requerimientos y notificaciones judiciales o de cualquier otro órgano y demás procedentes en Derecho y, en general, practicar cuanto permitan las respectivas leyes de procedimiento, sin limitación. -----

5. Pedir anotaciones preventivas, inscripciones sobre toda clase o derechos reales por cualquier concepto o título que le corresponda, instar sus cancelaciones como también expedientes de dominio, actas de notoriedad, de deslinde, de amojonamiento o de cualquiera otros; someter y, en general utilizar cuantos beneficios, incidentes, términos, propuestas, instancias y recursos conceden las Leyes hasta su resolución o sentencia definitiva,

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incluso para su ejecución por vía de apremio. -----

6. Instar, prestar, alzar o cancelar embargos, secuestros, depósitos, ejecuciones, desahucios y anotaciones preventivas así como pedir administraciones, intervenciones o cualquier otra medida de conservación, seguridad, prevención o garantía, y modificarlos o extinguirlos, designar peritos; Intervenir en subastas judiciales y extrajudiciales, ceder remates a terceros o aceptar las cesiones que otros hicieren a favor del poderdante, pedir desahucios, lanzamientos, tomar posesión de los bienes muebles o inmuebles que deban hacerlo como consecuencia de los juicios en que intervengan; prestar cauciones, hacer depósitos, cobros y consignaciones judiciales, así como percibir del Juzgado las cantidades consignadas como precio del remate; promover la recusación de señores Jueces y Magistrados; celebrar actos de conciliación, con avenencia o sin ella, en cuanto impliquen actos dispositivos;

transigir; someter a arbitraje las cuestiones controvertidas u otras surgidas después; otorgar ratificaciones personales en nombre de la parte poderdante; renunciar o reconocer derechos, allanarse o renunciar a la acción de derecho discutida o a la acción procesal, o desistir de ellas; aceptar y rechazarlas proposiciones del deudor, así como realizar manifestaciones que puedan comportar sobreseimiento del proceso por satisfacción extraprocesal o carencia sobrevenida de objeto; promover y personarse en los procedimientos de suspensión de pagos, quita o espera, Concurso de Acreedores o Quiebra y Concurso de la Ley 22/2003, de 9 de julio, y seguirlos hasta su conclusión y, especialmente, intervenir con voz y voto en Junta de Acreedores y para la aprobación del Convenio de que se trate, nombrar Síndicos y administradores, interventores y miembros de Tribunales colegiados y administradores concursales; reconocer y graduar créditos, cobrar estos e impugnar los actos y acuerdos, aceptar cargos y designar vocales de organismos de conciliación; percibir cantidades, indemnizatorias o no, resultantes de decisiones judiciales

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favorables a la parte poderdante, ya figuren en nombre de poderdante o apoderado. -----

7. Instar la autorización de actas notariales, de presencia, requerimiento, notificación, referencia, protocolización, declaración de herederos ab intestato, de notoriedad, u otras de cualquier clase; remisión de documentos, exhibición, depósito voluntario o cualesquiera otras, incluida la intervención en las subastas notariales. -----

A los efectos específicos previstos en el artículo 414 de la Ley de Enjuiciamiento Civil para la comparecencia y posible arreglo, renuncia o desistimiento, transacción o allanamiento, el presente poder faculta para realizar dichos trámites, con independencia del tipo de procedimiento de que se trate y de sus circunstancias concretas de identificación procesal. -----

8. Comparecer ante el Servicio de Mediación

Arbitraje y Conciliación u organismo de igual función que en el futuro pueda sustituirle con cuantas facultades sean necesarias, presupuesto, complemento o consecuencia para el desempeño de este apoderamiento; percibir de cualquier persona física o jurídica, empresa, Juzgado, Tribunal, Fondo de Garantía Salarial o Tesorería de la Seguridad Social y, en general de cualquier entidad pagadora que en el futuro se cree o sustituya a dichos organismos, todas las cantidades que pudieran corresponder por cualquier concepto a la parte poderdante y cualquier otra facultad no enumerada anteriormente de las comprendidas en los artículos 25 y 414.2 de la Ley de Enjuiciamiento Civil; tachar y recusar, ratificar escritos y peticiones, hacer comparecencias personales, declaraciones juradas o simples; hacer cobros, pagos y consignaciones que sean consecuencia del uso de este poder; pedir desahucios, lanzamientos y posesión de bienes; pedir, prestar, alzar o cancelar embargos, secuestros y anotaciones preventivas, así como pedir administraciones, intervenciones o cualquier otra medida de conservación, seguridad, prevención o garantía,

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tomar parte en subastas; solicitar la adjudicación de bienes en pago de todo o parte de créditos reclamados con este poder; instar u oponerse a autorizaciones judiciales, declaración de herederos, expedientes de consignación, liberación o dominio; designar peritos, síndicos, administradores, interventores y miembros de tribunales colegiados. -----

10. Aceptar hipotecas, prendas y todo tipo de garantías reales o personales; aceptar y consentir cesiones y subrogaciones de derechos y créditos y de toda clase de garantías; subrogar activa y pasivamente hipotecas y derechos reales de toda clase, total o parcialmente, en aseguramiento de todo tipo de obligaciones de las que el Poderdante resulte acreedor por préstamos, créditos y todo tipo de deudas preexistentes en general, pudiendo fijar libremente los plazos y condiciones de los mismos; distribuir la responsabilidad hipotecaria entre fincas y, en general, cuanto fuese necesario

hasta obtener su inscripción en los registros correspondientes. -----

11. Cobrar y pagar toda clase de cantidades en efectivo, frutos y especies o en valores de cualquier clase que haya de percibir o satisfacer la Sociedad, ya sean de particulares o de cualquier clase de Entidades Públicas o Privadas, incluso de Ministerios y Organismos Oficiales, sean estos Estatales, Autonómicos, Regionales, Provinciales, locales y paraestatales, así como a cualquier de sus dependencias, sin limitación de cantidad y cualquiera que sea la causa que origine el derecho u obligación de la Sociedad; firmar al efecto toda clase de documentos de abono o adeudo, cartas de pago, facturas, libramientos, recibos, resguardos, abonarés y en general, cuantos documentos de naturaleza análoga exija la gestión de la Sociedad; solicitar las devoluciones de ingresos indebidos; liquidar cuentas; fijar y finiquitar saldos. Se establece un límite de CIENTO CINCUENTA MIL (150.000) EUROS por operación para el ejercicio de las facultades contenidas en este número. -----

12. Transigir, pactar, renunciar a bienes o derechos, tanto judicial como extrajudicialmente.

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Someter a compromiso, arbitraje o amigables  
componedores cualquier litigio o controversia de  
cualquier índole. -----

13. Asistir a la Juntas Generales, Ordinarias o  
Extraordinarias de Comunidades ya sean civiles o de  
propietarios en régimen sometido a la Ley de  
Propiedad Horizontal; aprobar o recusar  
presupuestos ordinarios o extraordinarios; aprobar  
y modificar estatutos y cláusulas estatutarias de  
comunidades de propietarios en régimen de Propiedad  
Horizontal; nombrar los cargos de administración en  
las mismas; desempeñar, en nombre y representación  
del Poderdante, los cargos de Presidente,  
Vicepresidente, Secretario o Administrador en  
aquellas comunidades en que la sociedad sea  
partícipe, con cuantas facultades de administración  
precise tal desempeño. -----

14. Concurrir en representación del Poderdante  
a la constitución, modificación, escisión,  
transformación, fusión, disolución y liquidación de

Comunidades de bienes, Sociedades, Cooperativas, Agrupaciones de Interés Económico, europeas o no, o empresas de cualquier clase; asistir en la misma representación a sus Juntas Generales o Asambleas de socios, tanto Ordinarias como Extraordinarias, Universales o no y cualquier otra reunión de sus Órganos de Administración y gobierno. -----

En las Juntas Generales, Ordinarias o Extraordinarias, Universales o no, podrá llevar la plena representación del Poderdante, interviniendo en las Juntas y votando en las mismas en el sentido que se estime más oportuno; pudiendo aprobar, derogar o impugnar los acuerdos que en las mismas se puedan adoptar. -----

Suscribir acciones o participaciones y desembolsar total o parcialmente su importe; pagar dividendos pasivos; redactar Estatutos y aprobarlos; nombrar y aceptar cargos; conferir y aceptar poderes y delegaciones de facultades en las Sociedades y empresas que se constituyan o en las cuales la mandante participe o tenga intereses. ---

En caso de ampliaciones de capital, ejercitar el derecho de suscripción preferente o renunciar al mismo, en beneficio de otros o no. -----

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Pedir y rendir cuentas, aprobarlas e impugnarlas, percibir o abonar saldos, dar cartas de pago y finiquitos. **Se establece un límite de CIENTO CINCUENTA MIL (150.000) EUROS por operación para el ejercicio de las facultades contenidas en este número.** -----

15. Complimentar, seguir y desarrollar los acuerdos de reforma, transformación, fusión o disolución de las Sociedades en que la mandante pueda tener intereses y en éste último caso, nombrar liquidadores, árbitros, depositarios, partidores, peritos, o auditores, sustituir cualquiera de estos cargos; intervenir la liquidación y división, aceptar las adjudicaciones que se hagan a la poderdante en pago de sus aportaciones y beneficios, o en pago o para pago de deudas, aunque se adjudique todo el activo para pago o en pago del pasivo; dando carta de pago por todos los conceptos que estime oportunos. -----

16. Y en el ejercicio de cualquiera de las

facultades contenidas en la presente minuta, expedir, otorgar y firmar cuantos documentos públicos y privados sean necesarios o convenientes, incluso escrituras de modificación y subsanación. \*

El señor compareciente me exonera a mi, al Notario de la presentación telemática de la presente escritura en el Registro Mercantil correspondiente.

Las circunstancias del señor compareciente relativas a su estado civil y domicilio resultan de las manifestaciones realizadas por el señor compareciente al efecto. -----

Así lo dice y otorga el compareciente, a quien hago de palabra las oportunas reservas y advertencias legales, y especialmente las de orden fiscal. -----

En cumplimiento de lo establecido en la Disposición adicional tercera de la Ley 8/1989 de 13 de abril de Tasas y Precios Públicos, la liquidación del arancel correspondiente al presente instrumento público quedará incorporada mediante la unión a esta matriz de la procedente minuta donde constan los números de arancel y honorarios conforme al Real Decreto 1426/1989 y disposiciones complementarias sin devengo del número 7 de dicho

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Real Decreto por tal incorporación. La citada minuta de honorarios se acompañará a cuantas copias de la presente se expidan. -----

De acuerdo con la L.O 15/1999 los comparecientes aceptan la incorporación de sus datos (y la fotocopia del documento de identidad, en los casos previstos en la Ley) al protocolo notarial y a los ficheros de la Notaría. Se conservarán con carácter confidencial, sin perjuicio de las comunicaciones a las Administraciones Públicas que estipula la Ley, y en su caso al Notario que suceda al actual en la plaza. La finalidad del tratamiento es formalizar la presente escritura, realizar su facturación y seguimiento posterior y las funciones propias de la actividad notarial. Pueden ejercitar sus derechos de acceso, rectificación, cancelación y oposición en la Notaría autorizante. -----

Leo íntegramente esta escritura al compareciente, por su elección y enterado de su

contenido se ratifica y firma conmigo, el Notario, que doy fe de todo cuanto queda consignado en el presente instrumento público, de la identidad del otorgante, de haber comprobado el documento de identidad reflejado en la comparecencia, de su capacidad y legitimación, de que su consentimiento ha sido libremente prestado y de que el presente otorgamiento se adecua a la legalidad y a la voluntad del interviniente, debidamente informado, por mí el Notario, así como de que el presente instrumento público va extendido en doce folios de papel timbrado del Estado, números el del presente, y los once anteriores en orden inverso, DOY FE. --  
Está la firma del señor compareciente. Signado: M. R. Gallardón; rubricados y sellado. -----

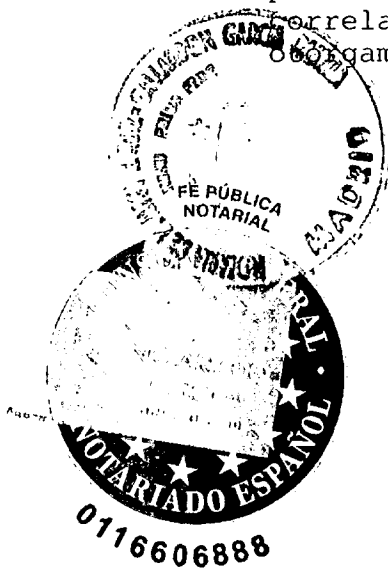
ES COPIA.../...

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...de su matriz, que expido para "BARCLAYS BANK,  
S.A.", en trece folios de la serie 8V, números: el  
presente y los doce posteriores en orden  
correlativo. En Madrid, el siguiente día de su  
otorgamiento. DOY FE. -----



*[Handwritten signature]*



OR

PRODUCT XYZ

10017 NEW YORK, UNITED STATES

U222 ZYP-TSS

DOX

DHL

Ref Code

Date: Shipment Weight: Price

1/1

Content Declaration

10017 NEW YORK, UNITED STATES

U222 ZYP-TSS

DOX

DHL

Ref Code

Date: Shipment Weight: Price

1/1

Content Declaration

Tract this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill

590 3044 803

ORIGIN MAD

DESTINATION CODE ZYP

1 Payer account number and insurance details

Charge to ☐ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

Shipment Insurance (see reverse)

☐ Yes ☐ No

2 From (Shipper)

Shipper's account number: 300020669

Contact name: EUGENIE

Shipper's reference (up to 32 characters but only first 12 will be shown on label)

Company name: BARCLAYS BANK

Address: PLAZA DE COLON 1 MADRID

Postcode/Zip Code (required): 28044

Phone, Fax or E-mail (required): 713361302

3 To (Receiver)

EPIQ BANKRUPTCY SOLUTIONS, LLC

ATTN: LEHMAN BROTHERS HOLDINGS CLAIMS PROCESSING

757 THIRD AVENUE, 3rd Floor

NEW YORK, NY

Country: THE U.S.A.

Postcode/Zip Code (required): 10017

Contact person: MA

4 Shipment details

Total number of packages: 1

Total Weight: 0.5

Dimensions in cm: Length x Width x Height

5 Full description of contents

Give content and quantity: DOCS

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and fax copies of the following documents to the invoice:

Shipper's VAT/GST number: BARCLAYS BANK

Declared Value for Customs: 2000

TYPE OF EXPORT: ☐ Perishable ☐ Hazardous ☐ Other

7 Shipper's agreement (Signature required)

Signature: [Signature]

8 Services

Insurance: ☒ Yes ☐ No

9 CHARGES

CURRENCY: TOTAL

TRANSPORT COLLECT STICKER No.

Picked up by: 1635


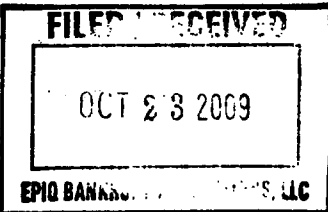
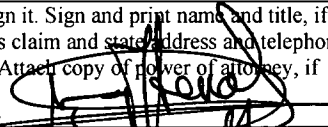
Route No.

Date: 26.10

PLEASE

TOP



<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000045281 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>GERMAN IGLESIAS SALAMANCA CALLE DIVINA PASTORA, 5 - 47004 VALLADOLID (SPAIN)</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  <b>Filed on:</b> _____	
Telephone number: <b>606447092</b> Email Address: <b>meli@publicidadgis.es</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above)			
Telephone number: _____ Email Address: _____			
<b>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</b> <b>Amount of Claim: \$ 84,906.00 \$ (Required) EURUSD X-Rate Applied: 1.4151 (09/15/08) ECB</b> <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<b>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</b> <b>International Securities Identification Number (ISIN): XS0282208049 (Required)</b>			
<b>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</b> <b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:</b> <b>CA01142 (Required)</b>			
<b>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</b> <b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: CLEARSTREAM 16632 (Required)</b>			
<b>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		<b>FOR COURT USE ONLY</b>  <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b>	
<b>Date:</b> 22/10/09	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>GERMAN IGLESIAS SALAMANCA</b> 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing**  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150- 5076

**Lehman Programs Security**

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

#### INFORMATION

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

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005 DE MAYO, 11

47004 VALLADOLID  
SPAIN

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EPIQ BANKRUPTCY SOLUTIONS, LLC  
LEHMAN BROTHERS HOLDINGS CLERK PRICES  
8668790688  
757 THIRD AVENUE 3RD. FLOOR

NEW YORK NY 10017  
UNITED STATES



NY 100 7-02



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DESC: Documentos

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SHIP FOR: VENTAS MOSTRADOR  
C/ DOS DE MAYO, 11 - LOCAL  
47004 VALLADOLID

REF # 1: ENVIA GERMAN IGLESIAS SALAMANCA

MBE S@H

01872118 12/04 SCA United Parcel Service, Louisville, KY



**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:

Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11

Case No. 08-13555 (JMP)  
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USB-C - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000050046



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

**Ildefonso Tarancón Martínez**  
**Cl. Zuñiga, 23**  
**47001 Valladolid**  
**Spain**

Telephone number: **983 34 11 68**

Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Name and address where payment should be sent (if different from above)

Telephone number:

Email Address:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: **\$ 84,906,00**

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): **XS0282208049**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

Clearstream Bank Blocking Number: **CA29398**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Clearstream Bank Account: **16632**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

**23/10/09**

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

**ILDEFONSO TARANCON MARTINEZ**

FOR COURT USE ONLY

**FILED / RECEIVED**

**OCT 27 2009**

**EPIQ BANKRUPTCY SOLUTIONS, LLC**

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

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A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

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LEHMAN BROTHERS HOLDINGS CLAIMS PROCESS  
757 3RD AVE  
NEW YORK NY 10017 2013

NY 100 7-02

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TRACKING #: 1Z 528 0V0 04 4034 0258

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DESC: Documentos  
SHIP FOR: VICTOR MONTAÑON  
C/O DE MARO, 11 - LOCAL  
47001 VALADOLID  
REF # 1: ENVIA D. ILDEFONSO TARANCON  
MBE 504

OCT 27 2009

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<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000047698 	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  <b>Jesús María Tremul Lozano Esperanza Crespo Villarroya Cl. Dr. Casas, 20 4ª 50008 Zaragoza Spain</b>  Telephone number: <b>0034 619 46 62 81</b> Email Address: <b>jtremul@hotmail.com</b>		Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  Filed on: _____	
Name and address where payment should be sent (if different from above)  Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p><b>Amount of Claim: \$ 84,906.00</b></p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p><b>International Securities Identification Number (ISIN): XS0282208049</b></p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:</b></p> <p><b>Clearstream Bank Blocking Number: CA15434</b></p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b></p> <p><b>Clearstream Bank Account: 16632</b></p>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		<b>FOR COURT USE ONLY</b> <b>FILED / RECEIVED</b> <b>OCT 27 2009</b> <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b>	
<p>Date: <b>23 Oct 2009</b></p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>JESUS TREMUL ESPERANZA CRESPO</b></p>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

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<b>2. From (Shipper)</b> Shipper's account number: Contact name: Company name: Address: Postcode/Zip Code (required): Phone, Fax or Email (required): To (Receiver):			
<b>3. To (Receiver)</b> Company name: Address: Postcode/Zip Code (required): Phone, Fax or Email (required): Country: Contact person: Phone, Fax or Email (required):			
<b>4. Shipment details</b> Total number of packages: 1 Total weight: 37.59 kg Dimensions (in cm): Length: 37.59 Width: 37.59 Height: 37.59 Pieces: 1 Dimensions (in cm): Length: 37.59 Width: 37.59 Height: 37.59			
<b>5. Non-Dangerous Shipments Only (Customs Requirement)</b> When the shipment contains a personal or commercial invoice, the shipper must provide a valid invoice to the receiver. The invoice must be in the name of the shipper and must include the shipper's VAT/GST number. Shipper's VAT/GST number: 123456789 Receiver's VAT/GST number: 987654321 Harmonized Commodity Code (if applicable):			
<b>6. Shipper's Signature (Signature required)</b> Signature: [Signature] Date: 2015/02/18			
<b>7. Consignee / Parcel copy</b> Consignee: [Name] Address: [Address] Postcode/Zip Code: [Postcode] Phone, Fax or Email: [Phone] Country: [Country] Contact person: [Name] Phone, Fax or Email: [Phone] Signature: [Signature] Date: 2015/02/18			
<b>8. Charges</b> Services: [Services] Insurance: [Insurance] Currency: [Currency] Total: 37.59 Transport Collect Sticker No.:			
<b>9. External Box Dimension: 27,5 x 35 cm</b> External Box Dimension: 27,5 x 35 cm			

United States Bankruptcy Court/Southern District of New York		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<p>Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000049571</p>  <p>THIS SPACE IS -</p>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)		Check this box to indicate that this claim amends a previously filed claim.	
Manuel Escudero Grajal Amalia Sanz Moral Cl. Príncipe de Vergara, 133 28002 Madrid Spain		Court Claim Number: _____ (If known)	
Telephone number: 91 411 71 03 Email Address:		Filed on: _____	
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: Email Address:			
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<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
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Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:			
Clearstream Bank Blocking Number: CA01156			
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Clearstream Bank: 16632			
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Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

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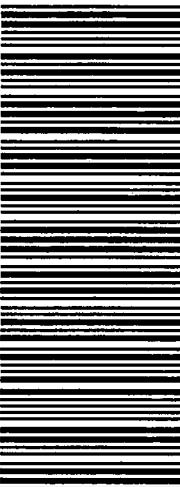

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<b>From:</b> MANUEL ESCUDERO GRAJAL 914117103 C/ PRINCIPE DE VERGARA 133 28002 MADRID ESPAÑA		<b>Origin:</b> MAD			
<b>To:</b> EPIQ BANKRUPTCY SOLUTIONS, LLC Attn: Lehman Brothers Holding Claims Processing 757 Third Avenue, 3 <sup>rd</sup> Floor 10017 NEW YORK ESTADOS UNIDOS		<b>Contact:</b> EPIQ BANKRUPTCY 866879-0688			
<b>US-ZYP</b>					
<b>Sender's Ref:</b> SP account: 300616426 Customs value: 0.0 EUR Insurance: No	<b>Pickup Date:</b> 26.10.2009	<b>Package Weight:</b> 0.5 kg	<b>Time:</b> 1/1	<b>Content Description:</b> Documentos	
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Se aplicarán los términos y condiciones de transporte de DHL. Estos están disponibles en [www.dhl.es](http://www.dhl.es) o podrán obtenerse en su Punto de Servicio o en el servicio de Atención al Cliente de DHL. Podrá también aplicarse la Convención de Varsovia.

#Doblar por aquí. Adjuntar al embalaje introduciéndola en la ventanilla plástica#

**Expedido por:**  
Servicepoint WORKCENTER MARIA DE MOLINA  
MARIA DE MOLINA 40  
28006 MADRID

Fecha: 26.10.2009  
Hora: 11:29  
Fecha de recogida: 26.10.2009

Cálculo de precio (EUR):

Producto	Cantidad	Red	IVA	IVA %	Precio
E, Sobre / US	1	29.60	0.00	0.0	29.60
<b>Total</b>		<b>29.60</b>	<b>0.00</b>		<b>29.60</b>

Salvo que exista pacto escrito en contrario yo/nosotros aceptamos que estos Términos y Condiciones de Transporte comprenden la totalidad del contrato entre yo/nosotros y DHL, y que dichos terminos y condiciones y el Convenio de Varsovia dónde sea de aplicación, pueden limitar o excluir la responsabilidad de DHL por pérdidas, daños o retraso y que este envío no contiene dinero en metálico o mercancías peligrosas

Confirmo que este envío no contiene ninguno de los artículos de la lista de artículos prohibidos exhibida en el Servicepoint de DHL, o de las siguientes:  
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Por razones de seguridad o por la normativa de aduanas , DHL Express se reserva el derecho de abrir y examinar esta mercancía en cualquier centro de DHL .

Firma agente del Servicepoint  
MARIA DE MOLINA  
C/ M<sup>a</sup> Molina, 40 - 28006 Madrid  
Tel. 91 121 56 80 - Fax: 91 121 56 81  
CIF: A81331951

Firma cliente

**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000056184



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

**María Manuela López-Santacruz Garrido**  
**Cl. Diego de León,55 -2ºA**  
**28006 Madrid**  
**Spain**

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Telephone number: 0034-655-96-45-40 Email Address: [roman@vinosybodegas.com](mailto:roman@vinosybodegas.com)

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

**Amount of Claim: \$ 84.906,00**

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

**International Securities Identification Number (ISIN): XS0282208049**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

**Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:**

**Clearstream Bank Blocking Number: CA01155**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

**Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:**

**Clearstream Bank Account: 16632**

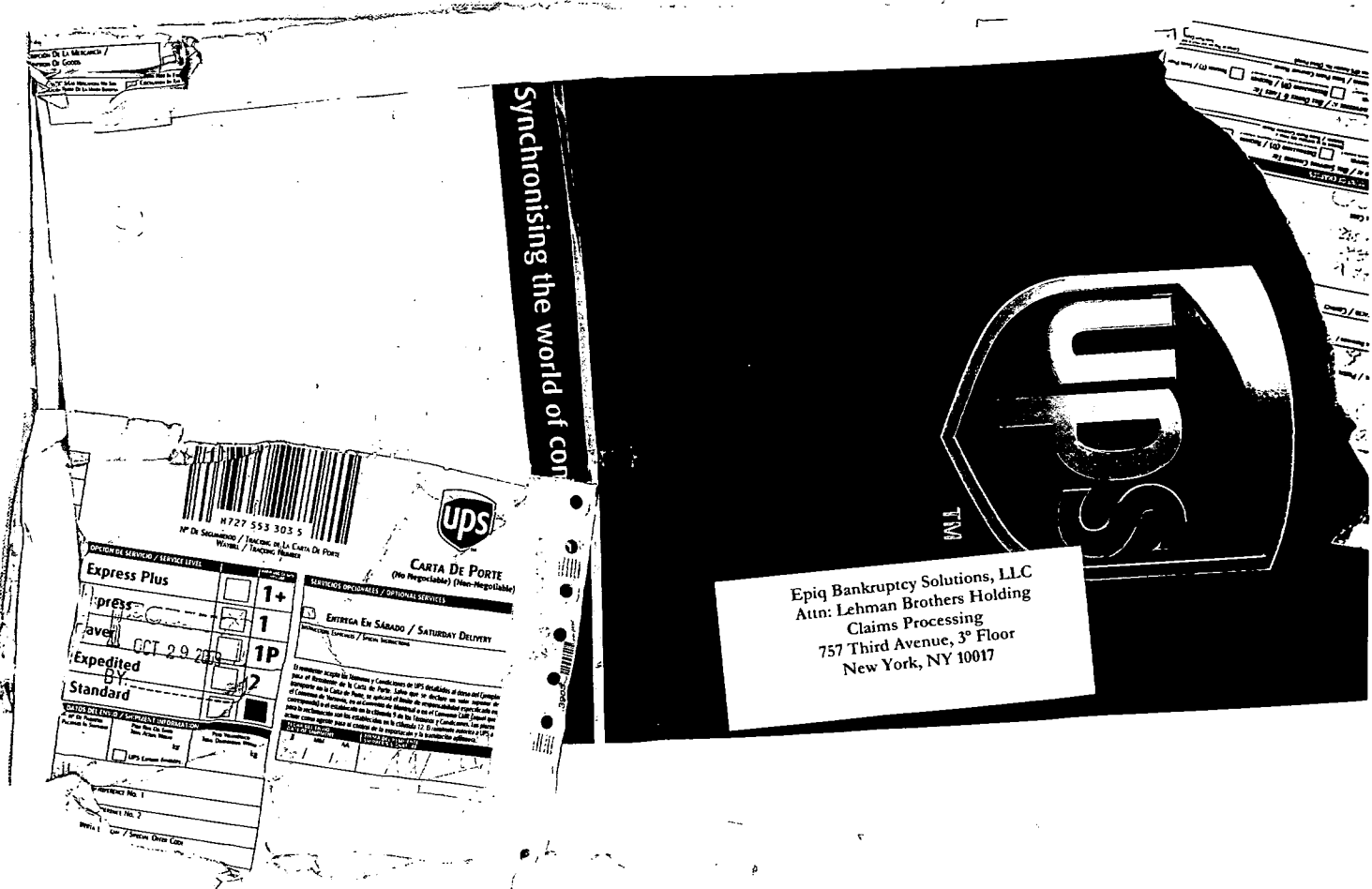
**FOR COURT USE ONLY**

**FILED / RECEIVED**

**OCT 29 2009**

**EPIQ BANKRUPTCY SOLUTIONS, LLC**

Date: **October 28, 2009**  
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.



**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000055242



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Minnie Murray Bradbury  
Cl. del Lago Ontario, 3. Urb. Alborada 40  
03730 Javea  
Alicante  
Spain

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Telephone number: 00-34-96-5795428 Email Address: bemine60@wanadoo.es

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 84.906,00

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0282208049

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

Clearstream Bank Blocking Number: CA01145

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Clearstream Bank Account: 16632

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:  
2009-10-26

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  
Minnie Murray Bradbury

*M. M. Bradbury*

FOR COURT USE ONLY

FILED / RECEIVED

OCT 29 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgement or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the creditor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150-5076**

**Lehman Programs Security**

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

#### INFORMATION

**Acknowledgement of Filing a Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

EXPRESS AVAIL

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CUSTOMER  
INFORMATION

OR

FAVOUR	XYZ
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NY 10007  
Country: UNITED STATES  
Phone, fax or e-mail (Required)  
866.879.0688  
easyship.com

75 ST. THOMAS AVENUE, 3RD FLOOR  
NEW YORK  
Country: UNITED STATES  
Phone, fax or e-mail (Required)  
866.879.0688  
easyship.com

THE LETHAN BROTHERS MACHINERY CLAIMS  
PROCESSING  
NEW YORK  
Country: UNITED STATES  
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Country: UNITED STATES  
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<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	<div>Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000047727</div> 	
<b>Note:</b> This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>NIEVES GONZALEZ GONZALEZ</b> <b>AV CONDE FENOSA, 42, 32300 O BARCO DE VALDEORRAS, ORENSE (SPAIN)</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  <b>Filed on:</b> _____	
Telephone number: _____ Email Address: <u><b>ngonzalez@redfarma.org</b></u>			
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p><b>Amount of Claim:</b> \$ <u>84.906,00</u> \$ (Required) <b>EURUSD X-Rate Applied: 1,4151 (09/15/08) ECB</b></p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p><b>International Securities Identification Number (ISIN):</b> <u>XS0282208049</u> (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:</b></p> <p><u>CA01141</u> (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b> <u>CLEARSTREAM 16632</u> (Required)</p>			
<p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>		<div>FOR COURT USE ONLY <b>FILED / RECEIVED</b>  OCT 27 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC</div>	
Date: <u>22/10/09</u>	<p><b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><u>Nieves Gonzalez Gonzalez</u></p>		
<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</p>			

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

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**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

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**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

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**Proof of Claim**

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**Lehman Brothers Holdings Claims Processing  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150- 5076**

**Lehman Programs Security**

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

#### INFORMATION

**Acknowledgment of Filing of Claim**

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**Offers to Purchase a Claim**

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"MARQUE CON UNA X" EL SERVICIO ELEGIDO  
"MARQUE COM X" O SERVIÇO ESCOLHIDO

☐ SEUR MISMO DÍA / SEUR MESMO DIA ☐ SEUR 13:30

☐ SEUR 8:30 ☐ SEUR INTERNACIONAL COURIER

☐ SEUR 10

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TINATARIO / DESTINATÁRIO

IESA / EMPRESA **EPIQ. BANKRUPTCY SOLUTIONS, LLC**  
3RE / NOME **LEHMAN BROTHERS HOLDINGS CLAIMS PROC.**  
CIÓN / MORADA **757 THIRD AVENUE, 3RD FLOOR**  
ACIÓN / POBACIÓN **NEW YORK, NY 10017**  
58148-434 NRT V3 09-09

CHOT 3335088/HBUD0000  
BILL SENDER  
NEW YORK, NY NY 10017  
TO LEHMAN BROS.H.CLAIMS PROC  
EPIQ BANKRUPTCY SOLUTIONS  
-CL - 757 THIRD AVENUE 3RD FLOOR  
NEW YORK, NY NY 10017  
EXPRESS  
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STANDARD OVERNIGHT  
7921 6527 2369  
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AGENTE **IBC**  
**MIA**

Pieces: 1/1

DOCUMENTOS

**United States Bankruptcy Court/Southern District of New York**

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS  
PROOF OF CLAIM**

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000049625



**THIS SPACE IS FOR COURT USE ONLY**

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Nuria Antón Segador  
Emiliano Miguel Puente  
Cl. Castilla la Mancha, 8 3º B  
42004 Soria  
Spain

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Telephone number: 0034 686 93 33 29 Email Address:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 84,906.00

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0282208049

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

Clearstream Bank Blocking Number: CA15432

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Clearstream Bank: 16632

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

**FOR COURT USE ONLY**

Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.


**FILED / RECEIVED**

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

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**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101 (5). A claim may be secured or unsecured, reduced to judgement or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

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c/o Epiq Bankruptcy Solutions, LLC  
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New York, NY 10150-5076**

**Lehman Programs Security**

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

#### INFORMATION

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**Offers to Purchase a Claim**


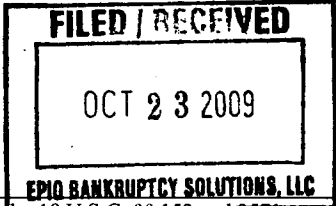
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

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<b>DHL</b> Express		Track this shipment via the DHL Web Site: <a href="http://www.dhl.com">http://www.dhl.com</a>		159 9500 011		ORIGIN UIT		DESTINATION CODE T S S	
<b>1</b> <b>Payment details</b> Payee account number and insurance details Change to: <input type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash Payee account: 6656 Payment reference: 6656 Net 30 - payment due in 30 days		<b>2</b> <b>From (Shipper)</b> Company name EMILIANO MIGUEL PEREZ Address C/ CASTILLA LA MANA 8 3: B SORIA Postcode (zip code required) 42004 Phone, Fax or E-mail (required) 846777733		<b>3</b> <b>Shipper's reference</b> Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)		<b>4</b> <b>Shipper's details</b> Total number of packages: 1 Total weight: 1 kg Dimensions in cm: Length x Width x Height: 27 x 5 x 35		<b>5</b> <b>Consignee / Parcel copy</b> Consignee name Documentos Address C/ CASTILLA LA MANA 8 3: B SORIA Postcode (zip code required) 42004 Phone, Fax or E-mail (required) 846777733	
<b>6</b> <b>Insurance</b> Insured value: 1000000 Insured value in local currency: 1000000 Insured value in US dollars: 1000000 Insured value in Euros: 1000000 Insured value in British pounds: 1000000 Insured value in Japanese yen: 1000000 Insured value in Swiss francs: 1000000 Insured value in Australian dollars: 1000000 Insured value in New Zealand dollars: 1000000 Insured value in South African rand: 1000000 Insured value in Hong Kong dollars: 1000000 Insured value in Singapore dollars: 1000000 Insured value in Malaysian ringgit: 1000000 Insured value in Indonesian rupiah: 1000000 Insured value in Thai baht: 1000000 Insured value in Vietnamese dong: 1000000 Insured value in Philippine peso: 1000000 Insured value in Thai baht: 1000000 Insured value in Vietnamese dong: 1000000 Insured value in Philippine peso: 1000000		<b>7</b> <b>Shipper's agreement (Signature required)</b> Signature Date: 26.10.09		<b>8</b> <b>Shipper's agreement (Signature required)</b> Signature Date: 26.10.09		<b>9</b> <b>Shipper's agreement (Signature required)</b> Signature Date: 26.10.09		<b>10</b> <b>Shipper's agreement (Signature required)</b> Signature Date: 26.10.09	
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External Box Dimension: 27,5 x 35 cm

SHIP/COM/INMATION

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000045117  THIS SPACE IS FOR THE COURT'S USE ONLY	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>PIEDAD GUINDEO AZNAREZ PLAZA DE SAN FRANCISCO 18 - PORTAL IZDA, 50006 ZARAGOZA (SPAIN)</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> _____ (If known) <b>Filed on:</b> _____	
Telephone number: _____ Email Address: _____ Name and address where payment should be sent (if different from above)		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
<b>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</b> <b>Amount of Claim: \$ 353,775.00 \$ (Required) EURUSD X-Rate Applied: 1,4151 (09/15/08) ECB</b> <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<b>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</b> <b>International Securities Identification Number (ISIN): XS0282208049 (Required)</b>			
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<b>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</b> <b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: CLEARSTREAM 16632 (Required)</b>			
<b>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		<b>FOR COURT USE ONLY</b>  <b>OCT 23 2009</b> <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b>	
Date: 22/10/09 P. Guindeo	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number, if different from the notice address above. Attach copy of power of attorney, if any.		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

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<b>ALREADY CHECKED</b>	
THE CONTENTS OF THIS PACKAGE HAVE BEEN CHECKED BY A DHL STAFF MEMBER FOR SECURITY PURPOSES IN THE PRESENCE OF THE SHIPPER.	
FOR DHL (PRINT NAME)	FOR CLIENT (PRINT NAME)
	
STATION	
	

		Track this shipment via the DHL Web Site : http://www.dhl.com		SHIPMENT REFERENCE NUMBER 160 0973 404		ORIGIN <u>TST</u>		DESTINATION CODE <u>TSS</u>																								
<b>DHL EXPRESS</b>		Shipment Air-Waybill		Barcode																												
<b>1) Payer account number and insurance details</b> Charge to <input type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Can <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Payer Account No. Shipment Insurance fee (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not all amounts covered are available in all countries		<b>2) From (Shipper)</b> Shipper's account number _____ Contact name _____ <u>Cash 10000</u> Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) _____		<b>3) To (Receiver)</b> Company name _____ <u>M- Ascension Vances</u> Address _____ <u>Independence 14. C.</u> Postcode/Zip code (required) _____ Phone, Fax or E-mail (required) _____ <u>50024</u> <u>609 146 220</u>		<b>4) Destination details</b> <table border="1"> <thead> <tr> <th>Total Weight of packages</th> <th>Pieces</th> <th>Dimensions in cm Length Width Height</th> </tr> </thead> <tbody> <tr><td>1</td><td>6</td><td>x x x</td></tr> <tr><td></td><td>0</td><td>x x x</td></tr> <tr><td></td><td>0</td><td>x x x</td></tr> <tr><td></td><td>0</td><td>x x x</td></tr> <tr><td></td><td>0</td><td>x x x</td></tr> <tr><td></td><td>0</td><td>x x x</td></tr> </tbody> </table>		Total Weight of packages	Pieces	Dimensions in cm Length Width Height	1	6	x x x		0	x x x		0	x x x		0	x x x		0	x x x		0	x x x	<b>5) Mail declaration contents</b> Give quantity and quantity <u>Rings + ring</u> <u>DOCT 23 2003</u> <u>954306586</u>		<b>6) Non-Document Shipments Only (Customs Requirement)</b> Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/EUR number _____ Receiver's VAT/EUR or Shipper's EIN/USN _____ <u>1720255113</u> Specialized freight for Customs _____ Harmonized Commodity Code if applicable _____ Use on commercial/proforma invoice	
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<b>7) Type of EXPORT</b> <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary Declaration and certificate to be placed on reverse side of document <input type="checkbox"/> Reseller <input type="checkbox"/> Shipper <input type="checkbox"/> Other _____		<b>8) Signature statement (Signature required)</b> I hereby agree to shipping, thus agrees that DHL's terms and Conditions of Contract are its conditions agreed to shipping, thus agrees that DHL's terms and Conditions shall apply to the shipment and that DHL will comply with the terms and conditions of contract, the receiver (consignee) shall release DHL's liability for loss, damage or delay and (2) the shipper does not consider cash or dangerous goods sent by air.		<b>9) Charges Summary</b> <table border="1"> <thead> <tr> <th>Charges Services</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>Insurance</td><td>37.59</td></tr> <tr><td>VAT</td><td></td></tr> <tr><td>CURRENCY TOTAL</td><td>37.59</td></tr> </tbody> </table>		Charges Services	Amount	Insurance	37.59	VAT		CURRENCY TOTAL	37.59																			
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Picked up by Route No. <u>X610</u> Date <u>22/10/05</u>		Time <u>22/10/05</u>		Transport Collect Sticker No. _____																												

Consignment / Transit copy

**External Box Dimension: 27,5 x 35 cm**

surely.